POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M P		6, 21, 01
O.I.P.E. CLASSIFIER		49	6/29/01
FORMALITY REVIEW	MH	920	08-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date						
		9/3/03	3/19/11					
	(1)	✔	✔					
	2	✔	✔					
	3	✔	✔					
	4	✔	✔					
	5	✔	✔					
	6	✔	✔					
	7	✔						
	(8)	✔	✔					
	9	✔	✔					
	10	✔	✔					
	11	✔						
	12	✔	✔					
	(13)	✔	✔					
	14	✔	✔					
	15	✔	✔					
	16	✔	✔					
	17	✔	✔					
	18	✔	✔					
	19	✔	✔					
	20	✔	✔					
	21							
	22							
	23							
	24							
	25							
	26							
	27							
	28							
	29							
	30							
	31							
	32							
	33							
	34							
	35							
	36							
	37							
	38							
	39							
	40							
	41							
	42							
	43							
	44							
	45							
	46							
	47							
	48							
	49							
	50							

Claim Final	Original	Date						
	51							
	52							
	53							
	54							
	55							
	56							
	57							
	58							
	59							
	60							
	61							
	62							
	63							
	64							
	65							
	66							
	67							
	68							
	69							
	70							
	71							
	72							
	73							
	74							
	75							
	76							
	77							
	78							
	79							
	80							
	81							
	82							
	83							
	84							
	85							
	86							
	87							
	88							
	89							
	90							
	91							
	92							
	93							
	94							
	95							
	96							
	97							
	98							
	99							
	100							

Claim Final	Original	Date						
	101							
	102							
	103							
	104							
	105							
	106							
	107							
	108							
	109							
	110							
	111							
	112							
	113							
	114							
	115							
	116							
	117							
	118							
	119							
	120							
	121							
	122							
	123							
	124							
	125							
	126							
	127							
	128							
	129							
	130							
	131							
	132							
	133							
	134							
	135							
	136							
	137							
	138							
	139							
	140							
	141							
	142							
	143							
	144							
	145							
	146							
	147							
	148							
	149							
	150							

If more than 150 claims or 10 actions
staple additional sheet here